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## 1. CORRESPONDENCE ADDRESS

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225 FRANKLIN STREET  
BOSTON, MA 02111-2004

23M2/0324

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07, 585.002

08/10/90

062

HAYES, G

2311

08/24/90

First Named Applicant

KRULL,

KRISTOPH D.

TITLE OF INVENTION: DEVICE AND METHOD FOR INSPECTION OF BAGGAGE AND OTHER OBJECTS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

364-409.000

029

UTILITY

NO

21170.00

09/24/90

## 3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Fish & Richardson

2

3

DO NOT USE THIS SPACE

120 WP 09/07/93 07566083

1 242

585.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Vivid Technologies, Inc.

(2) ADDRESS: (City &amp; State or Country)

Waltham, Massachusetts

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

MassachusettsA. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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(Enclose Part C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

AUG 11 1993

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on ~~08/11/93~~ 9/1/93  
(Date)

~~Sharon Bizokas~~ TIMOTHY A. FRENCH  
(Name of person making deposit)

~~Sharon Bizokas~~ [Signature]  
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